

8-30-60

eids
12

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>PC</i>	<i>32</i>	<i>9/6</i>
FORMALITY REVIEW	<i>M.H.</i>	<i>1103</i>	<i>10/16/61</i>
RESPONSE FORMALITY REVIEW	<i>CC</i>	<i>1114</i>	<i>04-05-02</i>

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

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Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

10/14/61
10/26/61